I	I Agency Name INCIDENT/INVESTIGATION													OCA				
N	rigen	oy i taiii		NSTON-SALE	MP	OLICE	INCIDENT/INVESTIGATION REPORT							2484192				
C I	ORI								ı	KEP)R I		Ī	Date /	Time l	Reported S Day Yr		
D			NC 034										12 10 2024 09:03 Hrs.					
E N	#1	Crime I	ncident(s		_	_		☐ Att At Found S型 T W T F S Month Day Yr Time							Last Known Secure SMTWTFS Month Day Yr Time			
T		Caian a I	n aidant	All Other F	rau	d		X Com 11 18 2024 17:00 Hrs										
D	D #2														m NC 27101 Offense Tract 411			
A T	··													110 2		ictim Residen		
A	#3							Com								Single Famil	y □Multi Family	
МО			d or Con										Forcible	W NI/A	Wea	pon / Tools		
MO	DATA OMITTED See No.																	
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1			ciety 🔲 Governm ligious 🔲 L.E. Of			Financial Institu			. –	Broken Bone		□ Severe				s Unknown	
	\neg	Victim		Name (Last, First,			uty 📙 Othe	21/ UHKH	OWII	I	nternal Victim of		S / Age	Other	<u> </u>	■ No Relationship	□N/A Resident Status	
C T	Crime # 29															Γο Offender		
I	DATA OMITTED													$\mid B \mid$	F	RU	☐ Non-Resident ☐ Unknown	
M	Hom	e Addre	ess		ATTA ONT								Home	e Phone	CHRIOWII			
	Employer Name/Address DATA OMITTED																	
	Empl	loyer Na	ame/Add	ress		Г	OATA OMIT	ATA OMITTED						Business Phone				
	VYR	. M	ake	Model	S	tyle	Color Lic/Lis Vin						Vin					
O T																		
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	DATA OMITTED																	
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V E																		
D																		
Status	us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Codes			column	if recovered for oth	er ju	risdiction)												
- - P -	Victin #	DCI	Status	Value	Property Description							Mak	e/Mod		rial Number			
	1	20	7		MONEY/CASH									DA	TA OMITTED			
																IN	FOR FORMATION	
																	SECURITY	
R O																	PURPOSES	
P :																		
R																	LY THE FIRST	
T Y																	VE PROPERTY	
																	SPLAYED ON	
																	2C REPORTS	
		P2C REFORTS																
			ehicles S			mber Veh	icles Recovere							a:				
ID	Office RA7		K. D.	II (15687))#		Officer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)										
_			Signatur	<u> </u>			•	Case Status Case Disposition:						, ,				
Status							☐ Further ☐ Inact		gation	1	☐ Unfoun ☐ Cleared		rest Loca	ated Refuse	to Co	Extra operate	adition Declined	
~ ······	☐ Closed/Cleared ☐ Cleared by Arrest by Ano																	